

Date (month, day, year): 08/011/2021 (date you submit)



Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology, Indiana State Historic Preservation Office (SHPO)

Please complete this form and attach it to the front of all submittals, along with any reports or supplemental materials you are providing to the Indiana DHPA for review. Please note that archaeological and structural information can be submitted together but should be separate documents since archaeological site locations are confidential and not for public disclosure.

 This is a new submittal. This is revised/additional information relating to DF This project is being undertaken pursuant to the te Title of Agreement: 	HPA number _ erms and cond	itions of a prog	rammatic or other interagency agreement.
☐ This project will also be applying for Federal Reha☐ This project includes work on a property that is unc			
THIS REVIEW REQUEST SUBMITTED BY:			
Name: Applicants name or whom ever is the pro	ject manage	r	
Company/Organization: Name of company or Age	ency name of	person subm	nitting form
Address (number and street): 123 Main Street			
City: Any Town	_ State: <u>IN</u>		ZIP: 44444
Telephone number: 317-555-5555		E-mail addres	ss: jdoe@abcschool.org
PROJECT NAME & LOCATION [Please attach	ı a map with l	ocation(s) mai	rked]
Project Name/Reference: Solar Panel Project (3-4 words	of your project	summary)	Project/Des Number: N/A
Project Address/Location: This is the physical add	ress of where	e the where th	e project is located
City: Town of project site		Township(s): <u>t</u>	ownship of project site
County/Counties: County of project site			
Section/Township/Range: <u>If project manager knov</u>	vs it		
Latitude/Longitude: If project manager knows it			
STATE OR FEDERAL AGENCY INVOLVEMEN	<u>1T</u>		
Agency: Office of Energy Development		Program: Sta	ite Energy Program
Type of funds, license, or permit to be obtained (if ap)	plicable): Fed	leral grant fun	ds
Name of Agency Contact: Jennifer Richardson, In	idiana Office	of Energy De	velopment
Address (number and street): One North Capital,	Suite 900		
City: Indianapolis	_ State: <u>IN</u>		ZIP: 46204
Telephone number: 317-234-8707		F-mail addre	ss: irichardson1@oed.in.gov

APPLICANT (if different than Federal Agency) If agency.	available, please attach d	copy of authorization letter from federal
Applicant: This is the applicant (agency/business) a	applying for grant funds.	
Name of Contact: Point of contact for Applicant/Orga	nization	
Address (number and street):	and the second s	
City: 5	State:	ZIP:
Telephone number:	E-mail address	s:
ADDITIONAL CONTACT (IF APPLICABLE)		
Name of Contact: Any additional contacts, if needed		
Organization/Agency:	48.	
Address (number and street):	***	
City:	State:	ZIP:
Telephone number:	E-mail address	s:
		*
Project Description – This should include a detailed s project, such as all aspects of new construction, replac (temporary roads, etc.), as applicable. Attach report or available yet, please explain and include all preliminary. This is your detailed project summary, goals, and active.	ement/repair, demolition, g additional pages if necessa information.	round disturbance, and all ancillary work

Ground Disturbing Activity – This should include a detailed description of all horrelation to the project as well as any known previous and current land use, conditional pages if necessary. Indicate if the project does not include any ground agricultural tilling generally does not have a serious enough impact on archaeologic ground for this purpose.	n, and disturbances. Attach report or disturbing activities. Please note that
FINDINGS – Please note that a finding should only be submitted when the agency/or has been requested by our office. Only those who represent the Federal Agency or are authorized to make findings of effect for an undertaking.	delegatee believes it is appropriate or one an official delegatee of the federal agency
☐ No Historic Properties Affected – (i.e., none are present or there are historic reflect upon them). Attach necessary documentation, as described at 36 CFR 800.1	properties present but the project will have no 1.
☐ No Adverse Effect – The proposed undertaking will have no adverse effect on the project APE under 36 CFR 800.5. Attach necessary documentation, as describe	one or more historic properties located within at 36 CFR 800.11.
Adverse Effect – The proposed undertaking will result in an adverse effect to o applicant, or other federally authorized representative, will consult with the SHPO a adverse effect per 36 CFR 800.6. Attach necessary documentation, as described at resolve adverse effect(s).	nd other consulting parties to resolve the
Please explain the basis for your determination.	
Authorized Signature:	Date (month, day, year): DATE
Type or print name: PRINT YOUR NAME (SIGN ABOVE)	
Organization/Agency: ABC school.	

ease note that incomplete submissions may result in delays. To ensure an expeditious review, please be sure that In following has been provided:
Completed Review Request Submittal Form
Letter of authorization from Federal agency/agencies (if applicable)
Consulting Parties – List of all consulting parties that have been invited to participate and copies of any responses received. Typical consulting parties would include the county historian, local historical society, the appropriate regional office of Indiana Landmarks, other local, state or national preservation organizations, tribes, local government and the general public.
Map of project location with project area(s) and Area of Potential Effects (APE) clearly marked, streets labeled and a north arrow, aerial maps are preferable and areas of previous ground disturbance within the project area should be shown. Please indicate if any of the project area is located on state or federal property.
Clear, current color photographs of project area and APE, including any buildings or structures fifty (50) years or older within the APE. (No more than two (2) photographs per page, for large project areas/APEs photographs can be provided digitally on a CD but must be clearly labeled.)
Architectural/Engineering Drawings (<i>if applicable</i>) – Must be labeled with north arrow, clearly indicate proposed changes to existing buildings and locations of any ground disturbance on site plans. When possible include both existing and proposed drawings. Hard copies should be provided at no smaller than 11" x 17" and font must be legible; if the drawings are large scale reduced to 11" x 17", please also provide a CD with a PDF copy of the drawings.
Identification of any known historic resources – All projects should consult the SHAARD database (access available on the DHPA home page) to locate known historic resources in the project area and APE. For any identified resources, the submission should include (in summary form) a list of the properties identified, including address, the site/reference number from SHAARD, the rating (IHSSI, Bridge Inventory) or status (National Register) of each property, and a current photograph. Please do not submit print outs of the individual SHAARD records.

Please note that at this time we are unable to accept electronic submissions. The thirty (30) day review period, as specified in 36 CFR part 800.3(c)(4), begins from the date that we receive the hard copy of the submission.

Return this Form and Attachments to:

Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology
402 W. Washington Street, Room W274
Indianapolis, Indiana 46204

http://www.in.gov/dnr/historic